fiscal 2026-2027 **Q1**

1st quarter ended June 30, 2026

KHSC this quarter



Kingston Health Sciences Centre

Strategy Performance Report

KHSC Strategy Performance Report Fiscal 2027

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Ensure quality in every patient experience

Outcome: Make quality the foundation of everything we do

Barcode Medication Administration (BCMA) is adopted successfully and meets Oracle Health's defined average target 3

Computer Provider Order Entry (CPOE) is adopted successfully and meets Oracle Health's defined average target 4

Plans to maintain our position as a high performer (top 30%), manage approved budget and improve deficit towards a break-even operating position are in place Y/N 5

Outcome: Ensure smooth transitions in care for patients and families across our regional health care system.

Percentage of eligible patients from the existing roster and OH at Home successfully transitioned into Leading Project model, and new home care patients accepted into the Leading Project 6

Urgent home care cases addressed within 24 hours for Loyalist FHT patients 7

At least 2 clinics for both CHF and COPD are offered monthly in Kingston or Napanee (24 clinics per year) 8

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Across clinical programs at least 50% will have a patient advisor partnered in a Quality Improvement project 9

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Nurture our passion for caring, leading, and learning

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Proportion and absolute number of education and training activities that incorporate simulation as a teaching modality 12

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Plans to launch a strategic leadership program in partnership with an academic provider meet quarterly milestones 13

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Strategic Direction 3

Improve the health of our communities through partnership and innovation

Outcome: Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most

KHSC participates in Ministry-directed OHT initiatives Y/N **14**

Recommendation with options analysis completed by March 31, 2027: including: total cost of ownership, implementation risk, resourcing plan, and timeline (Y/N) **15**

KHSC AI governance and operational support structure established **16**

Outcome:Discover and apply innovations that improve patient outcomes and make our communities healthy

Robotic-assisted surgical activity optimized across two robotic platforms (Y/N) **17**

Strategic Direction 4

Launch KHSC as a leading centre for research and education

Outcome: Foster a culture of teaching, learning, research and scholarship

KHSC achieves 80% of total placement requests (Y/N) **18**

Implementation project meets quarterly milestons (Y/N) **19**

Outcome: Foster a culture of teaching, learning, research and scholarship

Percentage of current employees who have completed Indigenous Cultural Safety training **20**

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Q1 FY2027 Strategy Performance Indicators Report

Strategic Direction	Goal	Indicator	26-Q1	26-Q2	26-Q3	26-Q4	27-Q1
1. Ensure quality in every patient experience	a. Make quality the foundation of everything we do	Barcode Medication Administration (BCMA) is consistently utilized in applicable clinical areas and meets the defined utilization target	G	G	G	G	G
		Computer Provider Order Entry (CPOE) is adopted successfully and meets Oracle Health's defined average target	G	G	G	G	G
		Plans to maintain our position as a high performer (top 30%), manage approved budget and improve deficit towards a break-even operating position are in place Y/N	G	G	G	G	G
	b. Ensure smooth transitions in care for patients and families across our regional health care system	Percentage of eligible patients from the existing roster and OH at Home successfully transitioned into Leading Project model, and new home care patients accepted into the Leading Project	G	G	G	G	G
		Urgent home care cases addressed within 24 hours for Loyalist FHT patients	G	G	G	G	G
		At least 2 clinics for both CHF and COPD are offered monthly in Kingston or Napanee (24 clinics per year)	G	G	G	G	G
	c. Lead the evolution of people-centred care	Across clinical programs at least 50% will have a patient advisor partnered in a Quality Improvement project	N/A	N/A	N/A	N/A	G
	d. Create the space for better care	Plans for addressing short-term, urgent patient-care facility needs are meeting quarterly milestones Y/N	G	G	G	G	G
2. Nurture our passion for caring, leading and learning	a. Foster a safe, healthy, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC	PHS Team Assessment implementation achieves established quarterly milestones (Y/N)	Y	Y	G	G	Y
	b. Empower and develop our people	Proportion and absolute number of education and training activities that incorporate simulation as a teaching modality	N/A	N/A	N/A	N/A	G
	c. Develop confident, caring and capable leaders	Plans to launch a strategic leadership program in partnership with an academic provider meet quarterly milestones	G	G	G	G	G
3. Improve the health of our communities through partnership and innovation	a. Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most	KHSC participates in Ministry-directed OHT initiatives Y/N	G	G	G	G	G
		Recommendation with options analysis completed by March 31, 2027: including: total cost of ownership, implementation risk, resourcing plan, and timeline (Y/N)	N/A	N/A	N/A	N/A	G

			26-Q1	26-Q2	26-Q3	26-Q4	27-Q1
		KHSC AI governance and operational support structure established	G	G	G	G	G
	b. Discover and apply innovations that improve patient outcomes and make our communities healthy	Robotic-assisted surgical activity optimized across two robotic platforms (Y/N)	N/A	N/A	N/A	N/A	G
4. Launch KHSC as a leading centre for research and education	a. Foster a culture of teaching, learning, research and scholarship	KHSC achieves 80% of total placement requests (Y/N)	G	G	G	G	Y
		Implementation project meets quarterly milestones (Y/N)	G	G	G	G	G
5. Advance equity, inclusion, and diversity and address racism to achieve better outcomes for patient, families,	a. Create an inclusive environment for patients, families and everyone who works, learns and volunteers at KHSC	Percentage of current employees who have completed Indigenous Cultural Safety training	G	G	G	G	Y

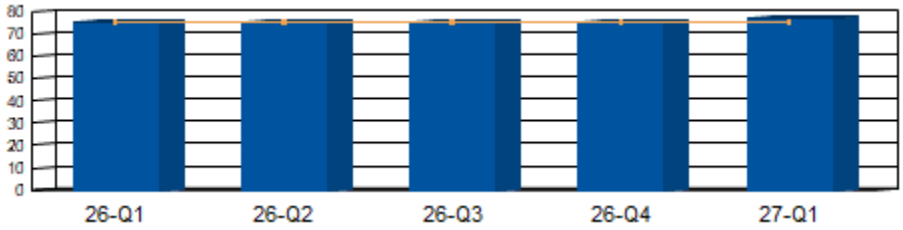
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Q1 FY2027 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Barcode Medication Administration (BCMA) is consistently utilized in applicable clinical areas and meets the defined utilization target



	Actual	Target
26-Q1	75.0	**75**
26-Q2	75.0	**75**
26-Q3	75.0	**75**
26-Q4	75.0	**75**
27-Q1	76.8	**75**

Describe the tactic(s) we are implementing to achieve this objective:

Monitoring of adoption continues on BCMA workflows. Targeted interventions at the unit and/or user level are orchestrated when compliance data show areas of low compliance. KHSC clinical leadership have access to this KPI data within Oracle Health's LightsOn application and are able to see their unit's performance in comparison to other areas and support remediation initiatives. The Clinical Informatics team supports unit leadership and the professional practice team in delivering re-education and remediation initiatives at unit-level.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Q1 data showed an average of 76.8 conformance with BCMA, trending slightly up from Q4 FY25-26 where it sat at 75.4%. Troubleshooting of clinical workflow or technical related issues that can impact this KPI continues across the organization.

Remediation initiatives are underway in the Women's and Children's portfolio, with a focus on the Labour & Delivery unit. A break/fix ticket has been submitted to have a commonly ordered medication in OBGYN added to the formulary/catalogue, as it is not currently built for this specialty and will support scanning workflows versus the current manual drug order entry and documentation.

Remediation work continues within the ED portfolio where an improvement has been seen. Of note, this focused work is also having a positive impact on positive patient identification and specimen collection workflows where scanning compliance has increased.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes. Continued monitoring across all units continues with more involvement of clinical leaders becoming increasingly more involved in unit-level auditing.

Definition: EVP - Hann
MRP - Achim
REPORTING COMMITTEE - Patient Care & Quality Committee

Target: Target 26/27: 75% Perf. Corridor: Red BCMA : < 55%, Yellow BCMA: 55 - 74 %, Green BCMA : 75% or above

Prior Targets:
Target 25/26: 75% Perf. Corridor: Red BCMA : < 55%, Yellow BCMA: 55 - 74 %, Green BCMA : 75% or above
Target 24/25: 85% Perf. Corridor: Red BCMA : < 65%, Yellow BCMA: 65 - 84 %, Green BCMA : 85% or above

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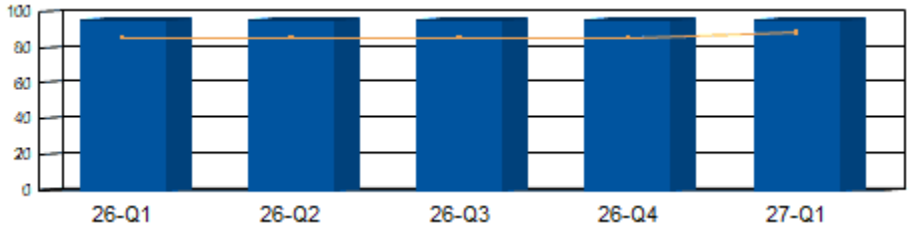
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Q1 FY2027 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Computer Provider Order Entry (CPOE) is adopted successfully and meets Oracle Health's defined average target



	Actual	Target
26-Q1	95.0	**85**
26-Q2	95.0	**85**
26-Q3	95.0	**85**
26-Q4	95.0	**85**
27-Q1	95.5	**88**

Describe the tactic(s) we are implementing to achieve this objective:

Monitoring of adoption continues for CPOE workflows. Targeted interventions at the user level is orchestrated. With the assistance of the CMIO, Clinical Informatics team, particularly the training team, targeted remediation initiatives are conducted. The Medical Informatics Council is also leveraged to provide re-education or highlight deviation from approved workflows and to course correct.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Q1 data showed an average of 95.5% conformance with CPOE, trending slightly up from Q4 FY25-26 where it sat at 95.3%. KHSC continues to perform strongly on this indicator since go-live. Targeted troubleshooting when workflow challenges arise are undertaken to ensure continued adoption of the RHIS and electronic order entry workflows.

The Clinical Informatics team continues to work with clinical teams to increase adoption and add new electronic ordering workflows to the RHIS, particularly within the Ambulatory Care portfolio, to support wider access to patient care information across care providers and promote safer care delivery.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes. Continued monitoring and targeted remediation initiatives are ongoing.

Definition: EVP - Hann
MRP - Achim
REPORTING COMMITTEE - Patient Care & Quality Committee

Target: Target 26/27: 88% Perf. Corridor: Red BCMA : < 65%, Yellow BCMA: 65 - 87 %, Green BCMA : 75% or above

Prior Targets:
Target 25/26: 85% Perf. Corridor: Red BCMA : < 65%, Yellow BCMA: 65 - 84 %, Green BCMA : 85% or above
Target 24/25: 85% Perf. Corridor: Red BCMA : < 65%, Yellow BCMA: 65 - 84 %, Green BCMA : 85% or above

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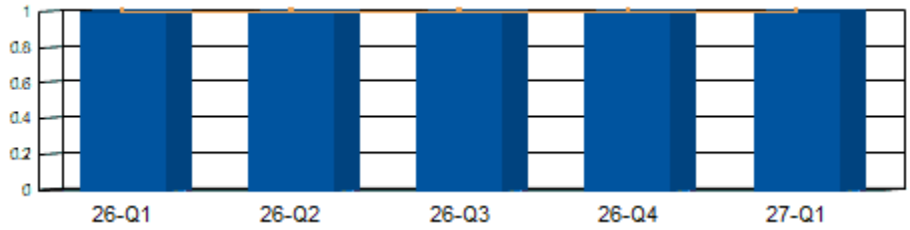
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Q1 FY2027 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Plans to maintain our position as a high performer (top 30%), manage approved budget and improve deficit towards a break-even operating position are in place Y/N



	Actual	Target
26-Q1	1	**1**
26-Q2	1	**1**
26-Q3	1	**1**
26-Q4	1	**1**
27-Q1	1	**1**

Describe the tactic(s) we are implementing to achieve this objective:

Trending to below budgeted deficit by year end, based on Q1 results. The GEM results for 2025/26 released in June 2026 continue to show that we are an efficient hospital. OH has assigned a directional deficit reduction target to KHSC, rather than a specific savings target. This aligns with the board direction.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Definition: EVP - Toop
MRP - Toop
REPORTING COMMITTEE - People, Finance & Audit Committee

Target: Target 26/27: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

Prior Targets:
Target 25/26: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1
Target 24/25: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

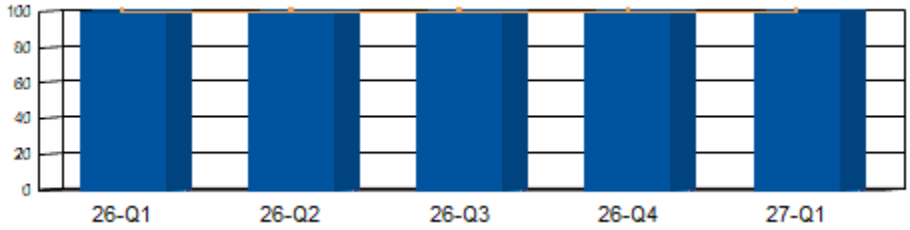
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Q1 FY2027 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

b. Ensure smooth transitions in care for patients and families across our regional health care system

Indicator: Percentage of eligible patients from the existing roster and OH at Home successfully transitioned into Leading Project model, and new home care patients accepted into the



	Actual	Target
26-Q1	100	**100**
26-Q2	100	**100**
26-Q3	100	**100**
26-Q4	100	**100**
27-Q1	100	**100**

Describe the tactic(s) we are implementing to achieve this objective:

100% of eligible patients from the existing roster / old model approached to transition to LP
26% of eligible patients from the existing roster / old model provided consent to transition to the LP. This metric is not expected to change unless a change is made in Provincial direction.
100% of new home care patients were accepted into the LP.
All new home care patients eligible to participate were enrolled into the FLA LP.
No provincial update or direction on strategy to re-approach patients who did not provide consent to transition (e.g. implied consent process).
Cumulatively 266 patients have been admitted to the FLA LP from go-live to end of Q1. There were 49 admitted in Q1.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Definition: EVP - Hann
MRP - Hart
REPORTING COMMITTEE - Patient Care & Quality Committee

Target: Target 26/27: 100% Perf. Corridor: Red <75% , Yellow 75% - 94% , Green 95% or above

Prior Targets:
Target 25/26: 100% Perf. Corridor: Red <75% , Yellow 75% - 94% , Green 95% or above

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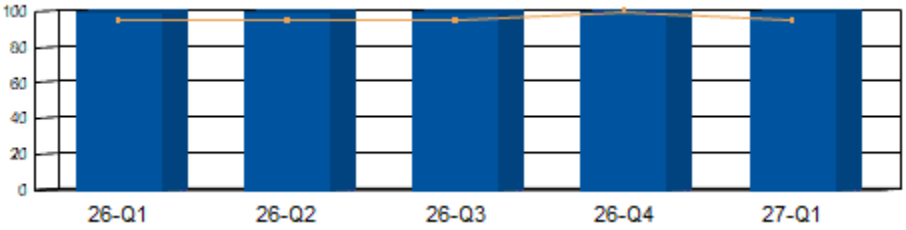
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Q1 FY2027 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

b. Ensure smooth transitions in care for patients and families across our regional health care system

Indicator: Urgent home care cases addressed within 24 hours for Loyalist FHT patients



	Actual	Target
26-Q1	100	**95**
26-Q2	100	**95**
26-Q3	100	**95**
26-Q4	100	**100**
27-Q1	100	**95**

Describe the tactic(s) we are implementing to achieve this objective:

Cumulatively 43 patients have had urgent referrals since FLA LP from go-live to end of Q1. There were 5 admitted in Q1; 100% were addressed within 24 hours.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Definition: EVP - Hart
MRP - Hann
REPORTING COMMITTEE - Patient Care & Quality Committee

Target: Target 26/27: 95% Perf. Corridor: Red <75% , Yellow 70% - 94% , Green 95% or above

Target 25/26: 95% Perf. Corridor: Red <75% , Yellow 70% - 94% , Green 95% or above

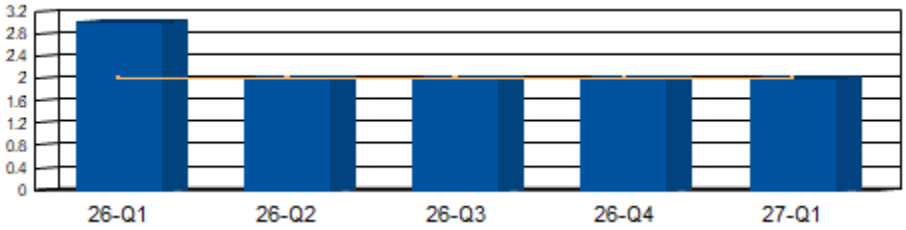
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Q1 FY2027 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

b. Ensure smooth transitions in care for patients and families across our regional health care system

Indicator: At least 2 clinics for both CHF and COPD are offered monthly in Kingston or Napanee (24 clinics per year)



	Actual	Target
26-Q1	3	**2**
26-Q2	2	**2**
26-Q3	2	**2**
26-Q4	2	**2**
27-Q1	2	**2**

Describe the tactic(s) we are implementing to achieve this objective:

Two clinics are offered monthly in Napanee and Kingston. The tactic is to improve access for patients with CHF and COPD to a specialist after discharge from KHSC or from the Emergency Room.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Rapid access clinics have now been added weekly in both Kingston and Napanee.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes. We are currently exceeding the required target.

Definition: EVP - Fitzpatrick
MRP - Dave
REPORTING COMMITTEE - Patient Care & Quality Committee

Target: Target 26/27: 75% Perf. Corridor: Red <50% , Yellow 50%-74% , Green 75% - 100%

Prior Targets:
Target 25/26: 75% Perf. Corridor: Red <50% , Yellow 50%-74% , Green 75% - 100%

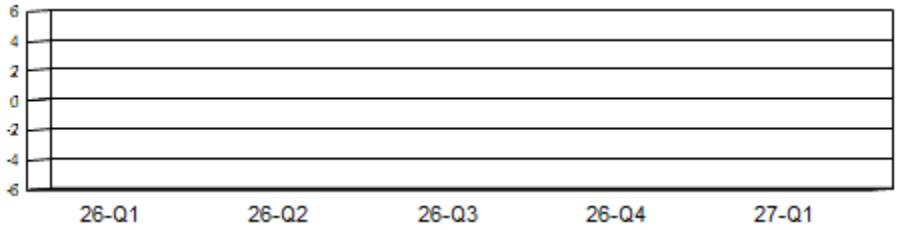
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Q1 FY2027 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

c. Lead the evolution of people-centred care

Indicator: Across clinical programs at least 50% will have a patient advisor partnered in a Quality Improvement project



	Actual	Target
26-Q1		
26-Q2		
26-Q3		
26-Q4		
27-Q1		

Describe the tactic(s) we are implementing to achieve this objective:

As part of our commitment to advancing the principles of people-centered care, we are seeking to better understand the current state of Patient Experience Advisor (PEA) engagement in quality improvement (QI) initiatives across clinical programs. By tracking this metric we will have a better understanding of where there may be gaps in how we are partnering with patients in quality improvement.
Across clinical programs at least 50% will have patient advisors partnered in a QI project.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Fifteen clinical programs have been identified as the denominator to measure this tactic.
The Lead PFCC currently tracks patient advisor engagement through requests received from staff and leaders and from Patient Advisors self reporting their involvement in QI projects.
That data has been used to inform the baseline metric for Q1 of 8/15 programs have engaged patient advisors in QI initiatives in Q1.
Patient advisors are sometimes engaged in work directly by staff when they have built relationships with a particular program and may not necessarily report or identify the work they are engaged in as a QI project.
To ensure we are capturing the data accurately and consistently, a quarterly survey is being co-designed with the Director of Patient Safety, Quality and Risk to be sent out to Clinical Program Directors to capture all quality improvement projects that include patient advisors.
A corresponding survey will also be sent out to all Patient Experience Advisors.
These survey results will inform reporting starting in Q2.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes, we are on track to meet the objective by year end.

Definition: EVP - Fitzpatrick
MRP - Morin
REPORTING COMMITTEE - Patient Care & Quality Committee

Target: Target 26/27: 50% Perf. Corridor: Red <25%, Yellow 25%-45%, Green >45%

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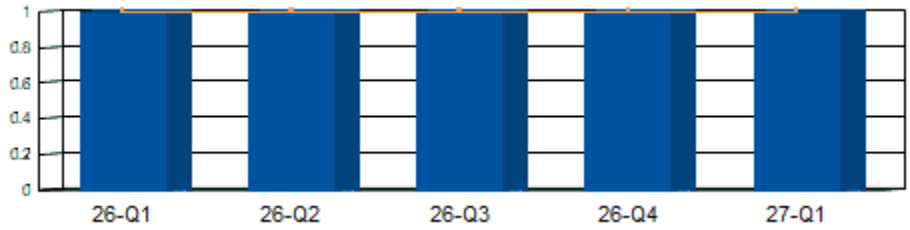
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Q1 FY2027 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

d. Create the space for better care

Indicator: Plans for addressing short-term, urgent patient-care facility needs are meeting quarterly milestones Y/N



	Actual	Target
26-Q1	1	**1**
26-Q2	1	**1**
26-Q3	1	**1**
26-Q4	1	**1**
27-Q1	1	**1**

Describe the tactic(s) we are implementing to achieve this objective:

KHSC continues to actively advance its redevelopment planning activities and has met all required MOH submission timelines and Q1 deliverables. In parallel, the team is further advancing the strategic design and phasing approach to support timely MOH funding approvals and ensure alignment with the Ministry's most recent planning direction.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

KHSC has submitted its redevelopment phasing strategy within the required timelines and continues to actively progress the program with the Ministry. The principal challenge remains the broader provincial fiscal environment and associated timing of capital approvals across Ontario hospitals. Notwithstanding this, MOH continues to support advancement of the KHSC redevelopment program, particularly given the existing infrastructure, capacity and operational risks.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Performance is currently meeting expectations. The primary remaining risk is the timing of formal MOH funding approval. This is being actively managed through ongoing work by the redevelopment planning team, direct engagement with MOH, government relations and stakeholder engagement by senior leadership, and continued advocacy and support from regional partners.

Definition: EVP - Anand
MRP - Anand
REPORTING COMMITTEE - People, Finance & Audit Committee

Target: Target 26/27: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

Prior Targets:
Target 25/26: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1
Target 24/25: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

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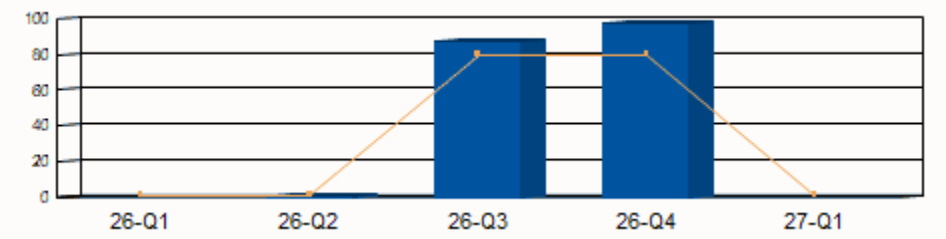
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Q1 FY2027 Strategy Performance Indicators Report

2. Nurture our passion for caring, leading and learning

a. Foster a safe, healthy, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC

Indicator: PHS Team Assessment implementation achieves established quarterly milestones (Y/N)



	Actual	Target
26-Q1		**1**
26-Q2	1	**1**
26-Q3	87	**80**
26-Q4	97	**80**
27-Q1		**1**

Describe the tactic(s) we are implementing to achieve this objective:

In Q1, leaders were asked to submit updates on actions taken, progress achieved, early outcomes, and any barriers related to the implementation of their Team Psychological Health and Safety (PHS) Action Plan. This milestone supports accountability, identifies successes and emerging challenges, and provides the foundation for organizational learning and continuous improvement.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Progress updates were received for 82 of 109 Team PHS Action Plans (75%), indicating that most participating teams had actions underway, in progress, or completed. Leaders reported implementing initiatives such as wellness discussions, leadership rounding, staff recognition, team-building, and improved communication processes, with early benefits including stronger staff engagement, communication, teamwork, and improved awareness of available supports. As updates have not yet been received for all action plans, this milestone remains in progress.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

In Q2, follow-up will occur with leaders who have not yet submitted a Q1 update, and all submissions will be reviewed to identify common successes, barriers, and opportunities for improvement. Effective practices and targeted support will be shared with teams to address implementation challenges and sustain progress, while findings will inform future organizational initiatives to advance psychological health and safety across KHSC.

Definition: EVP - Naraine
MRP - Noonan
REPORTING COMMITTEE - People, Finance & Audit Committee

Target: Target 26/27: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

Prior Targets:
Target 25/26: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

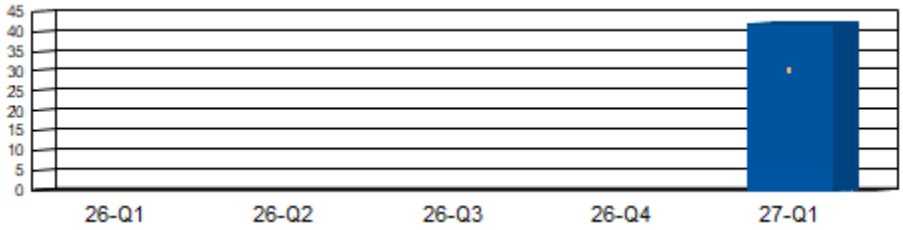
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Q1 FY2027 Strategy Performance Indicators Report

2. Nurture our passion for caring, leading and learning

b. Empower and develop our people

Indicator: Proportion and absolute number of education and training activities that incorporate simulation as a teaching modality



	Actual	Target
26-Q1		
26-Q2		
26-Q3		
26-Q4		
27-Q1	42	**30**

Describe the tactic(s) we are implementing to achieve this objective:

Exceeded target with anticipated expansion of simulation integration across the organization

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Definition: EVP - Hann
MRP - Mackulin
REPORTING COMMITTEE - People, Finance & Audit Committee

Target: Target 26/27: 100%(10 events per month) Perf. Corridor: Red: Q1-4 = <25, Yellow: Q1-4 = 25-29, Green: Q1-4 = 30

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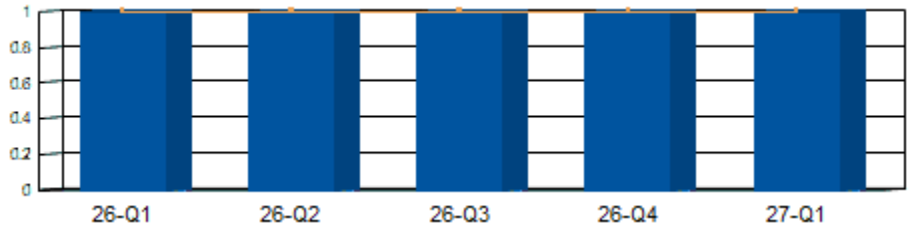
Centre des sciences de la santé de Kingston

Q1 FY2027 Strategy Performance Indicators Report

2. Nurture our passion for caring, leading and learning

c. Develop confident, caring and capable leaders

Indicator: Plans to launch a strategic leadership program in partnership with an academic provider meet quarterly milestones



	Actual	Target
26-Q1	1	**1**
26-Q2	1	**1**
26-Q3	1	**1**
26-Q4	1	**1**
27-Q1	1	**1**

Describe the tactic(s) we are implementing to achieve this objective:

KHSC is developing system-level leaders through an integrated talent-development pathway that combines a strategic academic partnership, applied and peer learning, standardized leader education and a more coordinated onboarding experience. Q1 work focused on establishing the foundation for Leadership for Strategic Impact and connecting the Level Up program and Accountable Leader framework to the broader leadership ecosystem.

- Create the tactic plan.
- Sign the contract with Queen's Executive Education as the preferred academic partner.
- Confirm the program duration and dates.
- Design the proposed wrap-around program elements.
- Finalize the application and selection approach.
- Confirm the initiative name, Leadership for Strategic Impact.
- Create the application portal.
- Create a worksheet to capture core People Services and HR learning needs.
- Initiate the Accountable Leader framework, with the Level Up program positioned within the framework.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

All planned Q1 milestones were completed. The contract with Queen's Executive Education was signed, confirming Queen's as KHSC's academic partner. The selection criteria and application approach were finalized, program dates were determined, the program timeline was developed, and an application portal was established. The program was named Leadership for Strategic Impact. An invitation to apply was distributed to Director-level leaders and above immediately following the Q1 reporting period.

In parallel, a Learning Needs document was created to capture requirements to inform the Level Up program, the broader Accountable Leader framework and redesign of leader onboarding. Identified learning needs include topics such as recruitment best practices; labour-relations and inclusive practices; performance management; investigations; attendance management and duty to accommodate; workplace conduct; interviewing; job-description design; SAP and business-intelligence tools; volunteer management; health and safety processes; incident investigation; and psychological health and safety.

Together, the signed partnership, confirmed program structure and foundational learning-needs work position KHSC to move into participant selection, program preparation and detailed design in Q2.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes we are on track. Q2 will focus on finalizing the programs and participants.

Definition: EVP - Naraine
MRP - Mulima
REPORTING COMMITTEE - People, Finance & Audit Committee

Target: Target 26/27: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

Prior Targets:
Target 25/26: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

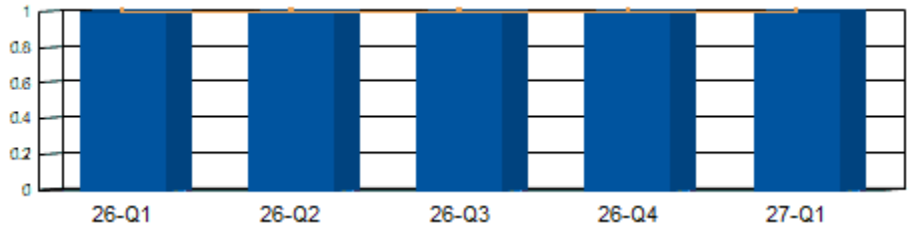
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q1 FY2027 Strategy Performance Indicators Report

3. Improve the health of our communities through partnership and innovation

a. Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most

Indicator: KHSC participates in Ministry-directed OHT initiatives Y/N



	Actual	Target
26-Q1	1	**1**
26-Q2	1	**1**
26-Q3	1	**1**
26-Q4	1	**1**
27-Q1	1	**1**

Describe the tactic(s) we are implementing to achieve this objective:

KHSC is a highly engaged partner of the OHT, contributing to the implementation of the Ministry-directed OHT initiatives, including: the Integrated Clinical Pathways projects, Chronic Disease Prevention and Management, System Navigation, Palliative Care, Integrated Mental Health and Substance Abuse Health, Home Care Readiness, Specialist Network, and the OHT Digital Plan.
The FLA OHT works closely with several KHSC departments to achieve its objectives, including: Project Management Office, Decision Support, Emergency Department, Clinical Information Services, Technology Services, the Heart Function Clinic, the Pulmonary Function Laboratory, Division of Respirology, Division of Cardiology, and Ambulatory Care Clinics. Staff across these departments and clinics remain engaged with the FLA OHT work this year. The Project Management Office now provides oversight for two Project Managers who are fully allocated to OHT projects (Integrated Care Pathways and Primary Care Attachment). KHSC continues as the implementation site for CHF and COPD PROM and PREM collection and offers Rapid Access Clinics for urgent/high-risk individuals admitted for COPD/CHF. KHSC is the HIC for the Leading Project in Home Care, and for Integrated Care Pathways Enrolment reporting. KHSC's Heart Function Clinic continues their collaboration with the Frontenac County Community Paramedics to build the Hospital at Home program.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

KHSC participates and make significant contributions to the Ministry-directed OHT initiatives.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes, we are on track to meet this objective.

Definition: EVP - Fitzpatrick
MRP - Fitzpatrick
REPORTING COMMITTEE - Governance

Target: Target 26/27: 100% Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

Prior Targets:
Target 25/26: 100% Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1
Target 24/25: 100% Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1
Target 23/24: 100% Perf. Corridor: Red <70% , Yellow >70% and <79% , Green >80%

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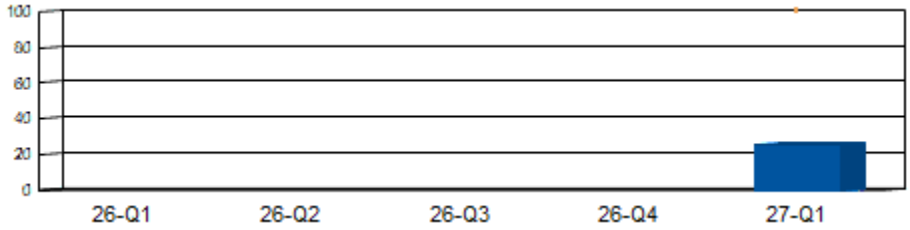
Centre des sciences de la santé de Kingston

Q1 FY2027 Strategy Performance Indicators Report

3. Improve the health of our communities through partnership and innovation

a. Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most

Indicator: Recommendation with options analysis completed by March 31, 2027: including: total cost of ownership, implementation risk, resourcing plan, and timeline (Y/N)



	Actual	Target
26-Q1		
26-Q2		
26-Q3		
26-Q4		
27-Q1	1	**1**

Describe the tactic(s) we are implementing to achieve this objective:

The following tactics will result in a complete options analysis of tier 1 ERP products and implementation partners:
- Conduct an option analysis inclusive of a Total Cost of Ownership (TCO).
- Procurement of a third-party resource with deep vendor agnostic ERP expertise.
- Collaboration with ERP interest holders from Finance, Human Capital Management, Supply Chain and Information Management.
- Performance of a comprehensive market analysis with the third-party resource.
- Development of comprehensive requirements and integration of market analysis results to support a procurement approach.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

The project team has completed the following to advance the performance of this objective:
- Approximately 25% complete.
- We are working collaboratively with the selected preferred third-party resource.
- The governance structure has been established.
- Interest holders have been identified and preparations initiated for current state workshops to commence in Q2. The workshops will generate valuable insights into business processes, challenges, opportunities, systems, interfaces, and requirements.
- A new end date of May 2027 was established based on our third-party resource expertise and long procurement cycle expectations.
- Leadership acknowledgement that Total Cost of Ownership (TCO) and roadmap must incorporate phasing for implementation, sustainment and future deliverables.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes.
- The project is progressing toward the planned completion of May 2027.
- The next steps will include completion of current state workshops, initiate future workshops, and advance procurement planning.

Definition: EVP - Gamache-O'leary
MRP - Gamache-O'leary
REPORTING COMMITTEE - People, Finance & Audit Committee

Target: Target 26/27: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

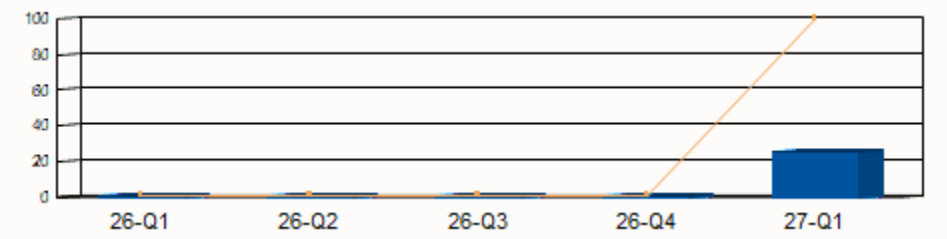
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q1 FY2027 Strategy Performance Indicators Report

3. Improve the health of our communities through partnership and innovation

a. Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most

Indicator: KHSC AI governance and operational support structure established



	Actual	Target
26-Q1		
26-Q2		
26-Q3		
26-Q4		
27-Q1	1	**1**

Describe the tactic(s) we are implementing to achieve this objective:

- Conducted environmental scans and discussions with peer healthcare organizations to inform KHSC's approach to AI governance, evaluation, adoption, and organizational learning.

- Developed a draft AI intake and evaluation framework aligned with existing project, privacy, cybersecurity, procurement, and clinical review processes.

- Applied draft AI evaluation criteria to emerging AI opportunities, including AI scribe solutions (Oracle Clinical AI Agent and Scribeberry), to help inform future governance, approval, and oversight requirements.
- Initiated development of an AI reporting approach to provide regular updates to the Senior Leadership Team (SLT) and Board on AI initiatives, implementation progress, and engagement with staff and physicians.

- Aligned initial AI operational support responsibilities within the Data Analytics & Business Intelligence (DA+BI) team to begin building organizational capacity for future AI development, implementation, and support.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

- Environmental scans and peer engagement activities have been completed to inform KHSC's approach to AI governance and operational support.
- A draft AI intake and evaluation framework has been developed and is being refined through interest holder engagement and application to emerging AI opportunities.
- Initial AI operational support capacity has been aligned within the DA+BI team, and lessons learned from AI evaluations are helping shape future governance and approval processes.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

- Program is on track:
- Foundational work planned for the quarter has been completed, including environmental scans, draft intake framework development, and alignment of initial AI operational support responsibilities.
- Upcoming work will focus on formalizing governance structures, implementing the intake and evaluation process, and operationalizing review and approval workflows.
- Current progress positions KHSC to establish a sustainable AI governance and operational support structure by year end.

Definition: EVP - Gamache-O'leary
MRP - Gamache-O'leary
REPORTING COMMITTEE - People, Finance & Audit Committee

Target: Target 26/27: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

Prior Targets:
Target 25/26: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

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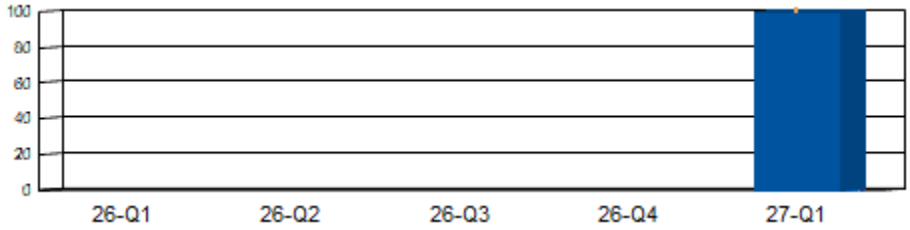
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Q1 FY2027 Strategy Performance Indicators Report

3. Improve the health of our communities through partnership and innovation

b. Discover and apply innovations that improve patient outcomes and make our communities healthy

Indicator: Robotic-assisted surgical activity optimized across two robotic platforms (Y/N)



	Actual	Target
26-Q1		
26-Q2		
26-Q3		
26-Q4		
27-Q1	100	**100**

Describe the tactic(s) we are implementing to achieve this objective:

• Expanded the operating schedule for both robotic surgery platforms to increase available robotic surgery capacity.
• Conducted schedule optimization activities across both robotic platforms to maximize utilization of available operating time.
• Established ongoing oversight through the Robotics Steering Committee to regularly review robot utilization, scheduling performance, and opportunities for further optimization.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

• The expanded schedule for both robotic surgery platforms has been implemented and schedule optimization activities have been completed.
• Ongoing review of robotic surgery utilization has transitioned to the Robotics Steering Committee.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

• Schedule expansion and optimization activities have been completed, and ongoing monitoring will continue through the Robotics Steering Committee to support achievement of the year-end target.

Definition: EVP - Fitzpatrick
MRP - Fitzpatrick
REPORTING COMMITTEE - Patient Care & Quality Committee

Target: Target 26/27: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

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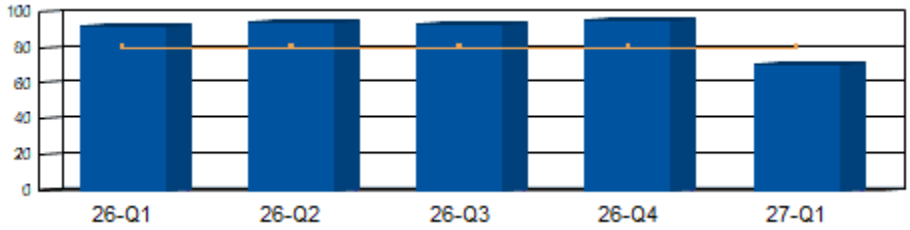
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Q1 FY2027 Strategy Performance Indicators Report

4. Launch KHSC as a leading centre for research and education

a. Foster a culture of teaching, learning, research and scholarship

Indicator: KHSC achieves 80% of total placement requests (Y/N)



	Actual	Target
26-Q1	92.00	**80**
26-Q2	94.00	**80**
26-Q3	93.52	**80**
26-Q4	95.00	**80**
27-Q1	71.00	**80**

Describe the tactic(s) we are implementing to achieve this objective:

KHSC views learning and education as an ongoing practice that we embrace and foster among our students, residents, staff, physicians and leaders. It is also our pipeline for recruitment.
With over 2,000 students/learners a year, placed at either the Kingston General Hospital or Hotel Dieu Hospital sites, we strive to be a leader in interprofessional education and work with our educational partners to plan and deliver a high quality learning experience for all members of our learning community. By nurturing this culture for the pursuit of knowledge, KHSC will remain on the leading edge of care and become a place where our people are constantly inspired to learn, discover and want to work. Therefore, it is imperative that we create the capacity for as many students placement opportunities at KHSC.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

We aim to accept and accommodate at least 80% of our total requests for student placements. While some students come to us from nearby schools such as Queen's University and St. Lawrence College, we also place students from across the country. KHSC will accept students from Canadian accredited colleges and universities, independent accredited business schools/colleges, and other health care centres and agencies. We have over 70 affiliation agreements and growing.

There are serval factors that contribute to us declining placement requests, such as clinal workload/demands on staff, aligning resources with staffing and matching students with the appropriate preceptors. However, KHSC has made new efforts to strategically plan and accommodate to meet our educational mandate and support our educational partnerships.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

No. In Q1 KHSC received a total of 332 requests for student placements. We approved 257 (71%) and declined 75 (29%). Staffing and preceptor capacity accounted for 62.5% of declined requests, and some learners were subsequently accommodated through alternative placement opportunities. This was mostly related to not having sufficient staff/preceptors because we implemented a new "bed map" and the requests exceeding our staff available and shift rotations.

Definition: EVP - Gillies
MRP - Gillies
REPORTING COMMITTEE - People, Finance & Audit Committee

Target: Target 26/27: 80% Perf. Corridor: Red <55% , Yellow 56% - 79% , Green 80% - 100%

Prior Targets:
Target 25/26: 80% Perf. Corridor: Red <55% , Yellow 56% - 79% , Green 80% - 100%

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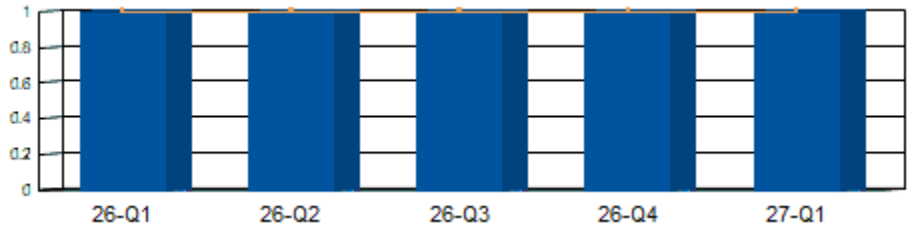
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Q1 FY2027 Strategy Performance Indicators Report

4. Launch KHSC as a leading centre for research and education

a. Foster a culture of teaching, learning, research and scholarship

Indicator: Implementation project meets quarterly milestones (Y/N)



	Actual	Target
26-Q1	1	**1**
26-Q2	1	**1**
26-Q3	1	**1**
26-Q4	1	**1**
27-Q1	1	**1**

Describe the tactic(s) we are implementing to achieve this objective:

To support ongoing and new research initiatives the KHSC RI coordinates biweekly research coordinator meetings to support sharing relevant information and learning from each other.
The WJ Henderson Centre for Patient Oriented Research has opened a new space to support research initiatives that require a less clinical, more relaxed and comfortable space for participants.

Spring 2026 successful CIHR project grant competitions for KHSC clinicians and partners:
Steven Brooks (Emergency Medicine) - Empowering Communities to Save Lives: Optimizing the Neighbours Saving Neighbours Program for Cardiac Arrest Response

DJ Cook (Surgery) - Understanding whole-brain reorganization following stroke and its relation to functional recovery

Shannon Mario Fernando (Critical Care) - Adjunctive Methylene Blue in Septic Shock (BLUSH) - A Multicentre Pilot Feasibility Trial

Parvin Mousavi (Computing; co-applicant: Rob Siemens) - PROPEL-AS: Prostate personalized surveillance using pathology-aligned multi-modal imaging

Teresa Purzner (Surgery) - Identifying Drivers of Glioblastoma Recurrence Through Molecular and Functional Profiling of Surgical Margins and Infiltrated Brain

Christine White & Rachael Holden (Medicine) - A Randomized Controlled Study of Dialysis Less Frequently in the Elderly (DLITE)

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Research Coordinator meetings are well attended and guest speakers are invited to help educate and share relevant information to support the teams in the success of their work.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes

Definition: EVP - Smith
MRP - Smith
REPORTING COMMITTEE - Research

Target: Target 26/27: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

Prior Targets:
Target 25/26: 100% Perf. Corridor: Red: No = 0, Yellow:Blank = in progress , Green: Yes = 1

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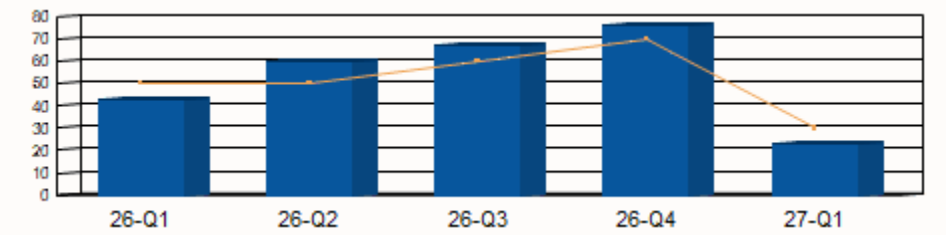
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Q1 FY2027 Strategy Performance Indicators Report

5. Advance equity, inclusion, and diversity and address racism to achieve better outcomes for patient, families, providers and staff

a. Create an inclusive environment for patients, families and everyone who works, learns and volunteers at KHSC

Indicator: Percentage of current employees who have completed Indigenous Cultural Safety training



	Actual	Target
26-Q1	42.75	**50**
26-Q2	60.00	**50**
26-Q3	67.00	**60**
26-Q4	76.00	**70**
27-Q1	23.30	**30**

Describe the tactic(s) we are implementing to achieve this objective:

The Integrated Inclusion Framework provides a coordinated approach to advancing inclusion, equity and culturally safer care for patients, families, staff, learners and volunteers. Q1 work focused on confirming the annual priorities and advancing four connected areas: building Indigenous Cultural Safety; improving language and communication to reduce barriers and support access; strengthening demographic data collection; and applying an inclusive design lens to forms, information and communications.

- Identify annual areas of focus and complete the tactic plan.
- Assign Working Toward Indigenous Cultural Safety training to all eligible KHSC employees and new hires, and establish QIP monitoring and reporting.
- Meet QIP indicators for foundational Indigenous Cultural Safety training.
- Offer education sessions to increase awareness of resources available for patients identifying as Indigenous.
- Initiate collaboration with interest-holders regarding another Indigenous Gathering Space and a patient and family forum-like sharing circle.
- Advance the Indigenous Transitions Facilitator funding application submitted to Indigenous Services Canada in the previous quarter.
- Assess KHSC external website capabilities and explore translation tools, plugins and built-in platform functionality.
- Assess requirements and opportunities for bilingual directory signage at the Hotel Dieu Hospital site.
- Identify priority demographic data elements and potential Lumeo workflow gaps, including connections to patient navigators and other groups.
- Launch Words Matter: Inclusive Language Guidelines.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

The Q1 tactic plan was completed. The primary measurable focus was implementation of the mandatory Working Toward Indigenous Cultural Safety course, which is also a Quality Improvement Plan (QIP) indicator. The course was assigned the second week of June and at the end of June, 23.31% of current employees had already completed the course, representing 1,408 of 5,981 staff. This exceeded our own performance threshold of 20% for that time period, although it was below the 30% Q1 target due to the later assignment of the course than anticipated.
All eligible employees were assigned the course, achieving the 100% assignment result and exceeding the quarterly process-measure target of above 80%. As the organization remained within the initial 60-day completion window, 100% of employees who had completed the course did so within that window. The completion-in-assigned-time process measure has no Q1 target and begins in Q2.
Two staff education sessions were delivered to increase awareness of resources available for patients identifying as Indigenous. Work also proceeded on the other Q1 priorities, including Indigenous Gathering Space and sharing-circle collaboration with the KNCLN, and the Indigenous Transitions Facilitator funding stream. Meetings to explore the website translation options occurred and requirements for bilingual HDH directory signage. Internal discussions about sociodemographic data and Lumeo workflow considerations began and the Words Matter guidelines was promoted.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes we are on track despite the later than anticipated assignment date. Q2 will include monthly completion reporting by department and individual, communications and reminders to staff and leaders, and continued implementation of the remaining Integrated Inclusion Framework actions.

Definition: EVP - Naraine
MRP - Mulima
REPORTING COMMITTEE - People, Finance & Audit Committee

Target: Target 26/27: (Q1 >= 30%, Q2 >= 40%, Q3 >= 60%, Q4) Perf. Corridor: Red (Q1 <10%, Q2 <20%, Q3 <30%, Q4 <40%) , Yellow (Q1 >=10% to <20%, Q2 >=20% to <30%, Q3 >-30% to <40%, Q4 >=40% to <50%) , Green (Q1 >= 30%, Q2 >=40%, Q3 >=50%, Q4 >=60%)

Prior Targets:
Target 25/26: (Q1 >= 30%, Q2 >= 40%, Q3 >= 60%, Q4) Perf. Corridor: Red (Q1 <10%, Q2 <20%, Q3 <30%, Q4 <40%) , Yellow (Q1 >=10% to <20%, Q2 >=20% to <30%, Q3 >-30% to <40%, Q4 >=40% to <50%) , Green (Q1 >= 30%, Q2 >=40%, Q3 >=50%, Q4 >=60%)

Kingston Health Sciences Centre

Centre des sciences de la santé de Kingston

Q1 FY2027 Strategy Performance Indicators Report

Status:

N/A	Currently Not Available
	Green-Meet Acceptable Performance Target
	Red-Performance is outside acceptable target range and require
	Yellow-Monitoring Required, performance approaching